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Patrea L. Pabst	404-817-8473	17
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FOR THE RECORD:

DATE: October 29, 2003	URGENCY: <input type="checkbox"/> SUPER RUSH <input checked="" type="checkbox"/> RUSH <input type="checkbox"/> REGULAR
FAXED BY: Pam Turnbough	FILE #: 077829/00006 CLIENT NAME: LEN 102
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MESSAGE:**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: M. Rigdon Lentz

Serial No.: 09/709,045

Group Art Unit: 1647

Filed: November 10, 2000

Examiner: J. Seharaseyon

For: **METHOD AND SYSTEM TO REMOVE CYTOKINE INHIBITOR IN PATIENTS**

612600_v1

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$).00

Complete if Known

Application Number	09/709,045
Filing Date	November 10, 2000
First Named Inventor	M. Rigdon Lentz
Examiner Name	J. Seharaseyon
Art Unit	1647
Attorney Docket No.	LEN 102

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☒ None☐ Deposit Account:Deposit
Account
Number
Deposit
Account
Name

50-1868

Holland & Knight LLP

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☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	630	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$).00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims 15 -20** = X =

Independent Claims 1 -3** = X =

Multiple Dependent =

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$).00

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FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English application	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1261	110	2251	55	Extension for reply within first month	
1262	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1601	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1603	640	2503	320	Plant issue fee	
1480	130	1480	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1808	770	2808	385	Filing a submission after final rejection (37 CFR 1.129(e))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$).00

SUBMITTED BY

Name (Print/Type) Patricia L. Padst

Signature _____

Registration No.
(Attorney/Agent)

31,284

(Complete if applicable)

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PTO/SB/21 (08-00)

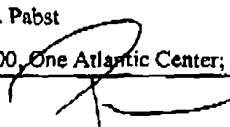
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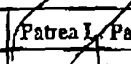
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/709.045	
	Filing Date	November 10, 2000	
	First Named Inventor	M. Rigdon Lentz	
	Group Art Unit	1647	
	Examiner Name	J. Seharaseyon	
Total Number of Pages in This Submission	16	Attorney Docket Number	LEN 102

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Patricia L. Pabst Holland & Knight LLP Suite 2000, One Atlantic Center, 1201 West Peachtree Street, N.E., Atlanta, GA 30309-3400
Signature	
Date	October 29, 2003

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Applicant: M. Rigdon Lentz

Serial No.: 09/709,045

Art Unit: 1647

Filed: November 10, 2000

Examiner: J. Scharaseyon

For: METHOD AND SYSTEM TO REMOVE CYTOKINE INHIBITOR IN
PATIENTS

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT AND RESPONSE TO OFFICE ACTION

Sir:

Responsive to the Office Action mailed on July 29, 2003, please amend the application as follows. It is believed that no additional fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-1868.